

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

USDC SDNY
DOCUMENT
ELECTRONICALLY FILED
DOC #:
DATE FILED: 5/15/2020

United States of America,

-v-

Eric Fernandez,

Defendant.

12-cr-844-9 (AJN)

ORDER

ALISON J. NATHAN, District Judge:

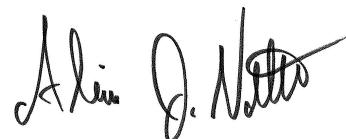
Defendant Eric Fernandez has moved for compassionate release under 18 U.S.C. § 3582(c)(1). The Government is hereby ordered to respond to the motion by no later than May 20, 2020.

The Defendant is also advised that he may request the appointment of counsel if he is unable to afford a lawyer. Attached to this order is a financial affidavit form. If the Defendant requests counsel to appointed, he should fill out and submit this form with his application.

The Clerk of Court is respectfully directed to mail a copy of this order to the Defendant.

SO ORDERED.

Dated: May 15, 2020  
New York, New York



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ALISON J. NATHAN  
United States District Judge

IN THE UNITED STATES  DISTRICT COURT  COURT OF APPEALS  OTHER (Specify below)

IN THE CASE OF \_\_\_\_\_

FOR \_\_\_\_\_

AT \_\_\_\_\_

LOCATION NUMBER \_\_\_\_\_

PERSON REPRESENTED (Show your full name) \_\_\_\_\_

1  Defendant - Adult  
2  Defendant - Juvenile  
3  Appellant  
4  Probation Violator  
5  Supervised Release Violator  
6  Habeas Petitioner  
7  2255 Petitioner  
8  Material Witness  
9  Other (Specify) \_\_\_\_\_

DOCKET NUMBERS
Magistrate Judge
District Court
Court of Appeals

CHARGE/OFFENSE (describe if applicable &amp; check box→)

Felony  
 Misdemeanor

## ANSWERS TO QUESTIONS REGARDING ABILITY TO PAY

<b>EMPLOY- MENT</b>	Are you now employed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Self-Employed		
	Name and address of employer: _____		
	<b>IF YES</b> , how much do you earn per month? \$ _____	<b>IF NO</b> , give month and year of last employment? _____ How much did you earn per month? \$ _____	
	If married, is your spouse employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>IF YES</b> , how much does your spouse earn per month? \$ _____	If you are a minor under age 21, what is the approximate monthly income of your parent(s) or guardian(s)? \$ _____		
INCOME & ASSETS			
<b>OTHER INCOME</b>	Have you received within the past 12 months any income from a business, profession or other form of self-employment, or in the form of rent payments, interest, dividends, retirement or annuity payments, or other sources? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<b>RECEIVED</b> IF YES, give the amount \$ _____ received and identify the sources \$ _____	<b>SOURCES</b> \$ _____	
<b>CASH</b>	Do you have any cash on hand or money in savings or checking accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>IF YES</b> , total amount? \$ _____		
<b>PROP- ERTY</b>	Do you own any real estate, stocks, bonds, notes, automobiles, or other valuable property (excluding ordinary household furnishings and clothing)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<b>VALUE</b> IF YES, give value and description for each \$ _____ \$ _____ \$ _____	<b>DESCRIPTION</b> \$ _____ \$ _____ \$ _____	
<b>OBLIGATIONS &amp; DEBTS</b>			
<b>DEPENDENTS</b>  <b>DEBTS &amp; MONTHLY BILLS</b> ( <i>Rent, utilities, loans, charge accounts, etc.</i> )	<b>MARITAL STATUS</b> Single _____ Married _____ Widowed _____ Separated or Divorced _____	Total _____ No. of _____ Dependents _____	List persons you actually support and your relationship to them _____
	<b>DESCRIPTION</b> _____ _____ _____ _____	<b>TOTAL DEBT</b> \$ _____ \$ _____ \$ _____ \$ _____	<b>MONTHLY PAYMENT</b> \$ _____ \$ _____ \$ _____ \$ _____

I certify under penalty of perjury that the foregoing is true and correct.

SIGNATURE OF DEFENDANT  
(OR PERSON REPRESENTED)

Date \_\_\_\_\_

FD/CJA/RET. ATTORNEY

(PRINT)

APPROVED  DENIED

ASSISTANT UNITED STATES ATTORNEY (PRINT)

SIGNATURE OF JUDICIAL OFFICER

DATE